

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">9/653182</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2		/					52		/		
3		/					53		/		
4		/					54		/		
5		/					55		/		
6		/					56		/		
7		/					57	/			
8	/						58		/		
9		/					59		/		
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33		/					83				
34		/					84				
35		/					85				
36		/					86				
37	/						87				
38	/						88				
39	/						89				
40		3					90				
41		3					91				
42		3					92				
43		3					93				
44		3					94				
45	/						95				
46		/					96				
47		/					97				
48	/						98				
49		/					99				
50		/					100				
TOTAL IND.							TOTAL IND.	11			
TOTAL DEP.							TOTAL DEP.	58			
TOTAL CLAIMS							TOTAL CLAIMS	69			